

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8226

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>110</u>		PRIMARY REG. DIST. NO. <u>5425</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>FRANKLIN</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL BOEVE</u>		c. LENGTH OF STAY (In this place) <u>ALL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL BOEVE</u>		0360	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>SENATE GROVE MO</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FRANK</u>		b. (Middle) <u>L</u>		c. (Last) <u>ALBERSWERTH</u>	
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>16</u>		(Year) <u>1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB-10-1874</u>	
9. AGE (In years last birthday) <u>76</u>		If UNDER 1 YEAR Months <u>33</u>		If UNDER 12 HRS. Hours <u>33</u>		Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>NEW HAVEN MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>ERANZ ALBERSWERTH</u>		13b. MOTHER'S MAIDEN NAME <u>MANNIE FLEER</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA ALBERSWERTH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Harvey Albersworth</u> ADDRESS <u>Harvey in</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				2 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				5 yrs.	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Arteriosclerosis</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				4201	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 31, 1946</u> , to <u>Mar. 16, 1950</u> , that I last saw the deceased alive on <u>Mar. 16, 1950</u> , and that death occurred at <u>10:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. W. T. Keld</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>New Haven, Missouri</u>		23c. DATE SIGNED <u>3/18/50</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SENATE GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR NEW HAVEN MO</u>	
DATE REC'D BY LOCAL REG. <u>March 16-50</u>		REGISTRAR'S SIGNATURE <u>Jeffrey Trammann</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Loe. P. ...</u>		ADDRESS <u>San ...</u>	

(Issued Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 10 1951

RECEIVED
MAR 22 1950
District Health Officer No. 9,
District File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Earl Foster
Licensed Embalmer No. 3385

P. O. Address Quilbourn Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.